

## DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

### APPLICATION INSTRUCTIONS FOR

### SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Under the Community Development Block Grant Program, applicants can apply for one grant in one of the following categories: Community Livability, Water/Sewer, or Housing. Any questions relating to application requirements should be directed to the Office of Program Management, 312 Eighth Avenue North, 10th Floor, Nashville, Tennessee 37243-0405, Phone (615) 741-6201 (Voice/TDD).

This application is organized in basic sections. **Please complete each item or mark "not applicable."** Follow our format. Divide the application into the **five sections** as outlined and **tab**. Check off each item before you submit your application to ensure that it is complete. (Costs of application preparation are not eligible for reimbursement if the application is funded.)

#### Section 1 - Project Description

- ☐ Project information.
- ☐ Program narrative. This should be a clear, concise description of the project, including the problem to be solved by the project and any unusual project features.
- ☐ Implementation Plan. Mark each quarter that the activity will be undertaken.
- ☐ Existing facility inventory.
- ☐ Appropriate project area supplemental pages, i.e., water, sewer, housing, community livability.
- ☐ Statement from Utility District that they had input regarding the project, if applicable.

#### Section 2 - Financial Information

- ☐ Project Budget.
- ☐ Detail of costs.
- ☐ Detail of administrative costs. This form projects the number of hours and amounts to be billed for each task. If more than one person or firm is providing administrative services, a separate form should be completed for each one.
- ☐ Local government resolution. **This must include a commitment to provide the local matching funds and include the dollar amount of those funds in the body of the resolution, along with the source of the funding,** (i.e., water fund of city/county, RD loan, etc.). If the local government expects to pass funds to a utility district or industrial development board, furnish a memorandum of agreement between the city/county and utility district/industrial development board.

- ☐ Documentation of procurement of professional services. Attach a copy of the letters sent to the firms. **The letters should be from the applicant.** (*At least three must be sent.*) **If the project is a housing rehabilitation project, then also include the documentation of procurement of the housing inspection services.**
- ☐ **You cannot sign a contract for administrative, engineering, or architectural services until after the state has approved your selection of the administrator, engineer or architect.**
- ☐ Applicant's most recent audit report. If a utility district is to be the beneficiary of the grant, their most recent audit should be included. Only one copy is required. It should be attached to the **second** copy of the application. **DO NOT BIND.**

### Section 3 - Federal Compliance Information

- ☐ National objective benefit justification.
- ☐ Direct or indirect benefit form. Complete whichever is applicable. Using the target area survey information you have used in your project documentation, please complete the project beneficiary form.
- ☐ Minority Benefit Breakdown
- ☐ Low and Moderate Income Breakdown
- ☐ LMI verification. To meet the national objective of low and moderate income, the project must benefit at least 51% low and moderate income persons. Applicants submitting an application under the LMI National Objective can conduct a Target Area Survey to document their LMI percentage. Census data is also acceptable and may be obtained from Program Management. The following items must be included in this section:
  - ☐ Target Area Survey Summary
  - ☐ Beneficiary Information
  - ☐ Map/Survey Form
  - ☐ Map
  - ☐ Per Capita Income Calculations
  - ☐ Randomness Methodology
  - \* Target Area Survey Forms for water line extensions, sewer line extensions and housing projects must be included in appendix of the original application only. We reserve the right to ask for system surveys if questions arise.
- ☐ Housing and community development needs.
- ☐ Public meeting documentation. This must include the advertisements for the meeting, minutes from the meeting, and the sign-in sheets.
- ☐ LMI/minority concentration maps.

- ☐ Title VI Compliance information
- ☐ Joint Economic and Community Development Board information
  - ☐ Copy of interlocal agreement
  - ☐ Copies of certified minutes
- ☐ Displacement Plan. It is a Federal requirement that a **displacement plan be submitted with each application**. This allows the State to determine that displacement is properly being executed on projects displacing people. A format is provided which must be completed for every application submitted. If you have no displacement, you will simply fill in the name of the applicant, include a brief description of the project, and answer numbers 2 through 6 as not applicable.
- ☐ Disclosure Report. It is a Federal requirement that a **disclosure report be submitted with each application**. Disclosure of the sources and uses of government funds, the financial interests of individuals involved in this project, as well as other government assistance provided must be made on this form.

#### Section 4 - Engineering Information

A preliminary engineering report is required for all construction activities except housing. It should include a map showing the existing and proposed water/sewer improvement. The report should include a description of the project area, a thorough discussion of the problem being addressed in the application, proposed solution and other necessary information to the CDBG application. Cost of this report is not eligible for reimbursement.

The Construction Cost budget should be in the same format as a bid schedule, be estimated to a whole dollar number and match the Construction Amount in the project budget.

#### Section 5 - Appendix

- ☐ Test results for water/sewer line extension projects or water system (pressure) projects.
- ☐ Support letters, etc.
- ☐ Target Area Survey Forms for water line extensions, sewer line extensions and housing projects.

Please submit three (3) copies of your application. **All copies must be bound on one side.** Copy 1 should be marked as the original and in a three ring binder. Copy 2 will be the finance copy. Attach the audit to this copy. Copy 3 is the other agency's review copy. **Only three ring binder notebooks will be accepted.** Please number the pages **consecutively.** **Quantitative information should be consistent throughout the application, including the engineering report.**

**TENNESSEE SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

APPLICANT: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

Type of Project: [Check **one** of the four major categories plus **one** of the appropriate subcategory(ies)]☐ **Housing**☐ **Community Livability**☐ **Water**☐ **Sewer**☐ Fire Protection☐ Streets☐ Drainage☐ Buildings☐ Other☐ System☐ Source☐ Treatment Plant☐ Storage☐ Rehabilitation☐ Line Extension☐ System☐ Line Extension

TOTAL COST: \$ \_\_\_\_\_

CDBG REQUEST: \$ \_\_\_\_\_

**OTHER FUNDING**\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_**SOURCE**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**STATUS**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**National Objectives:** (Check one)☐ Low and Moderate Income☐ Imminent Threat☐ Slums and Blight

Census Tract: \_\_\_\_\_

Development District: \_\_\_\_\_

County: \_\_\_\_\_

Applicant's Population: \_\_\_\_\_

Applicant's Minority Percentage: \_\_\_\_\_

**Project Profile: ❶**

LMI percentage: \_\_\_\_\_

County Unemployment Rate

2007 ❷ \_\_\_\_\_%

1997-2006 ❷ \_\_\_\_\_%

Per Capita Income

Target Area Survey \$ \_\_\_\_\_

1999 Income ❷ \$ \_\_\_\_\_

Is the applicant a Three-Star community? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Chief Executive Officer:**Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Application Preparer:**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Agency \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

❶ Information should be based on location of beneficiaries.

❷ Information distributed by Program Management.

Applicant/Project : \_\_\_\_\_

**DESCRIPTION** *(Be specific and include total number of persons and LMI percentage):*

**Local Contact:**

Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

**Utility Contact:**

Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

**Engineer/Architect:**

Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

**Administrator:**

Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
E-mail \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Applicant/Project : \_\_\_\_\_

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**State Legislators:**

Name \_\_\_\_\_  
**Home**  
Address \_\_\_\_\_

Title State Senator

Phone \_\_\_\_\_

Name \_\_\_\_\_  
**Home**  
Address \_\_\_\_\_

Title State Representative

Phone \_\_\_\_\_

Name \_\_\_\_\_  
**Home**  
Address \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

**Federal Legislators:**

Name Bob Corker  
Mailing SD-185  
Address Washington, D.C. 20510

Title U.S. Senator

Phone (202) 224-3344 \_\_\_\_\_

Name Lamar Alexander  
Mailing SD-455 Dirksen Senate Office Bldg.  
Address Washington, D.C. 20510

Title U.S. Senator

Phone (202) 224-4944

Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_

Title U.S. Representative

Phone (202) \_\_\_\_\_

Applicant/Project : \_\_\_\_\_

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## **PROGRAM NARRATIVE**

Provide a brief description of the project. Be specific. State the major problem that is to be solved by this project, how each proposed improvement addresses the major problem and any unusual features of the project. Please limit your description to **three pages** or less.

## EXISTING FACILITY INVENTORY

Complete the following information on existing and under-construction facilities which **relate to the proposed project**. This information should be completed for any project using water and/or sewer services. Include documentation in engineering report when applicable.

### A. Water Source

Type and Capacity of Source (GPD):	Existing	Proposed	Total
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
Subtotal	_____	_____	_____
Average Daily Demand (GPD)	_____	_____	_____
Peak Daily Demand (GPD)	_____	_____	_____

### B. Water Treatment Plant\*

Name of System _____	Existing	Proposed	Total
Design Capacity (GPD)	_____	_____	_____
Average Daily Demand (GPD) (July 2006 through June 2007)	_____	_____	_____
Peak Daily Demand (GPD)	_____	_____	_____
Average Daily Pumping Time (Hours)	_____	_____	_____
Average Percentage Water Loss (July 2006 through June 2007)	_____	_____	_____
Average Daily Water Sold (GPD) (July 2006 through June 2007)	_____	_____	_____

\* For applicants without a treatment plant, report the average water pumped and average water sold for your system only.

NOTE: WHEN THE APPLICATION IS FOR BUILDINGS, DOCUMENTATION OF ADEQUATE WATER PRESSURE FOR FIRE PROTECTION MUST BE PROVIDED.

**C. Water Storage Volume**

Total Storage Capacity \_\_\_\_\_ MG (with clearwell)

Total Distribution Storage Capacity \_\_\_\_\_ MG (without clearwell)

Capacity Available for Public Fire Protection \_\_\_\_\_ MG

**D. Sewage Treatment Plant**

Name of System _____	Existing	Proposed	Total
Design Capacity Hydraulic (MGD)	_____	_____	_____
Organic Loading (lbs/day)	_____	_____	_____
Average Daily Demand (MGD)	_____	_____	_____
Peak Daily Demand (MGD)	_____	_____	_____

Include a copy of the NPDES permit limits for existing plants in the Appendix. If a new discharge permit is required, attach a copy of the planning limits provided by the Division of Water Pollution Control, Permits Section, for a proposed discharge or upgrade.

- E. Are any of the existing facilities related to the proposed project presently under citation from the Tennessee Department of Environment and Conservation or the U.S. Environmental Protection Agency due to permit violations?

☐ Yes ☐ No.

If yes, identify facility and violation and include a copy of the citation in the Appendix.

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**INSERT THE FOLLOWING ITEMS HERE:**

The appropriate project area supplemental pages

The statement from the utility district or city utility department that they have had input regarding the project.

Applicant/Project : \_\_\_\_\_

## PROJECT BUDGET

	Total Cost	CDBG	Local	Other* _____	Other* _____
Construction <i>(Attach Detail)</i>					
Construction Inspection					
Engineering Design					
Other Engineering Services <i>(Attach Detail)</i>					
Legal Services					
Appraisals					
Acquisition					
Relocation					
Housing Rehabilitation					
Housing Inspection					
Clearance					
Project Contingency					
Administration <i>(Complete Detail of Administrative Costs Form)</i>					
Environmental Review					
Tap Fees for LMI's					
Other <i>(Attach Detail and Specify)</i>					
<b>TOTAL</b>	\$	\$	\$	\$	\$

\* If other funding has been approved, attach a copy of the approval.

Applicant/Project : \_\_\_\_\_

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**DETAIL OF COSTS**

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**OTHER ENGINEERING SERVICES**

Surveys	\$ _____
Geotechnical	_____
Sewer Plant Start-up	_____
Total	\$ _____

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OTHER: \_\_\_\_\_

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How long will construction take?

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Will any of the project be done using force account?\* \_\_\_\_ yes \_\_\_\_ no.

NOTE: Approval to do force account work requires that the grant recipient must own the necessary equipment, use currently employed city forces, and obtain State approval by submitting the following information:

1. Names and engineering qualifications of personnel performing the work and their capabilities for design, supervision, planning, inspection, testing, etc. as applicable.
2. Details of experience with projects of like or similar nature.
3. Information on workload as it may affect capacity to do the work within time frame or work schedule.
4. Justification for doing the work by force account rather than by contract.
5. A complete breakdown showing: (a) the number of work hours and cost per hour for each category of labor; and (b) a list of non-salary costs such as materials, supplies, equipment, etc.
6. Certification from the above mentioned personnel's supervisor confirming that they are full time City/County employees and have not been hired just for this project.
7. Certification confirming the equipment to be used is owned by the City/County and that it is not rental equipment.

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\* This includes service lines and/or hookups.

## DETAIL OF ADMINISTRATIVE COSTS (continued)

### DETAIL OF ADMINISTRATIVE COSTS

Name of Person or Firm Providing Services \_\_\_\_\_

TASK	Projected Number of Hours	Amount
1. <u>Environmental Review Record</u>		
A. Project Not In Floodplain		
B. Project In Floodplain		
C. Project Requiring Archaeological Survey		
2. <u>Project Files</u>		
A. Set Up		
B. Monthly Maintenance/Update		
3. <u>Fair Housing/Equal Opportunity</u>		
A. Fair Housing Activity		
B. Equal Opportunity		
1. Section 3 Plan		
2. On-Site Poster Documentation		
3. Contact Female/Minority Contractor		
4. Contractor/Subcontractor Activity Report		
4. <u>Acquisition - Fee Simple</u>		
A. Identification of Properties To Be Acquired and Locating Property Owners		
B. Compilation of Case Files and Ongoing Record Keeping		
C. Coordinating Services of Title Attorney, Surveyor and Appraisers		
D. Negotiation to Purchase and Final Sale and Closing		
5. <u>Relocation</u>		
A. Identification of Relocation Needs and Available Resources		
B. Compilation of Case Files and Ongoing Record Keeping		
C. Identify Comparables and Maintain Records on Available Housing Market		

## DETAIL OF ADMINISTRATIVE COSTS (continued)

TASK	Projected Number of Hours	Amount
6. Housing Rehabilitation		
A. Identification of Units and Determination of Eligibility		
B. Compilation of Case Files and Ongoing Record Keeping		
C. Solicitation of Contractors and Pre-bid Activity		
D. Release of Liens, Certification of Completion/Final Inspection		
E. Pay Requests and Record Keeping for Escrow Accounts		
F. Quarterly Performance Reports		
7. Housing Inspection		
A. Monitoring Ongoing Construction and Scheduling Inspections and Write-Ups		
B. Inspections		
C. Final Inspections		
8. Clearance		
A. Identify Properties and Contractors		
B. Bid Process for Demolition		
C. Releases and Payment to Contractor		
9. Labor Compliance		
A. Request Wage Rate		
B. 10 day Call/Memo for Files		
C. Attend Bid Opening/Prepare Minutes		
D. Notice of Contract Award/Pre-Construction Conference		
E. Coordinate and Conduct Pre-Construction Conference		
F. Prepare Minutes of Pre-Construction Conference		
G. Bid Advertisement Documentation for Files		
H. Bid Tabulation Documentation for Files		

## DETAIL OF ADMINISTRATIVE COSTS (continued)

TASK	Projected Number of Hours	Amount
I. Executed Bid Document/Specs including Certifications regarding EO, Labor, and Section 3, Insurance/Bonding – Documentation for Files		
J. Contractor Recommendation Letter		
K. Contractor/Subcontractor Eligibility Verification		
L. Notice to Proceed		
M. Conduct Employee Interviews and Check Site for Posters		
N. Check Weekly Payrolls/Cross Check with Interviews		
O. Consultation with Engineer, State, Other Funding Agency		
P. Release of Liens/Certificate of Completion/Final Inspection		
10. Fire Protection		
A. Prepare/Submit Equipment Specifications		
B. Advertise		
C. Coordinate Bid-Tabs Approval		
D. Photograph Items Purchased		
11. Financial Management		
A. Authorized Signature Cards		
B. Designation of Depositary		
C. Requests for Payment		
D. Payment of Invoices		
E. Posting of Accounting Records (Local Level)		
F. Budget Spreadsheets		
G. Budget Revisions		
12. State Monitoring		
A. First TA Visit		
B. Monitoring Visit		
C. Compliance Close-Out Visit		
D. Financial Close-Out Visit		
13. Close-Out		
A. Survey of Direct Beneficiaries		
B. Jobs Form		
C. Financial Report in Close-Out Package		
D. File Review		

Applicant/Project : \_\_\_\_\_

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**INSERT THE FOLLOWING ITEMS HERE:**

Local Government Resolution

Documentation of Procurement of Professional Services

If housing rehabilitation project, documentation of procurement of housing inspection services.

**NOTE:** You cannot sign a contract for administrative, engineering, or architectural services until the state has approved your selection of the administrator, engineer or architect.

Applicant/Project : \_\_\_\_\_

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## NATIONAL OBJECTIVE BENEFIT JUSTIFICATION

Justify your project under one of the three national objectives. If the national objective that the project addresses is benefit to low and moderate income persons, describe the area in the community or target area where low and moderate income persons live and how they would benefit from the project. Also, describe the benefit to minorities. To meet the national objective of low and moderate income, the project must benefit at least 51% low and moderate income persons. If the project is justified under slums and blight or imminent threat, the justification should address the definition of that objective used in the Important Notices.

STATE STAFF USE ONLY			
National Objective Verified	<input type="checkbox"/>		
Construction	<input type="checkbox"/>	Clearance	<input type="checkbox"/>
Acquisition	<input type="checkbox"/>	Administration	<input type="checkbox"/>
Relocation	<input type="checkbox"/>	Engineering	<input type="checkbox"/>
Housing Rehab	<input type="checkbox"/>	Other	<input type="checkbox"/>
Eligible Activities Verified: _____			

Tennessee Department of Economic and Community Development

**DIRECT BENEFIT FORM**

Name of Grantee \_\_\_\_\_

Activity Name	Persons that the activity will serve		Minority* Served		Female Head of Household Served		Elderly Served		Disabled Served		LMI Served	
	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars

LMI Percentage \_\_\_\_\_

A direct benefit is an activity which requires the beneficiary to submit an application or to complete a personal record as an integral part of receiving the benefit of that activity. This chart will be filled out by all grantees that have direct benefits. This chart should only reflect CDBG money.

\* If an entry is made in this column, the total must match the total on the Minority Benefit Breakdown form.

## MINORITY BENEFIT BREAKDOWN

1. African-American/Black
2. Hispanic
3. Asian
4. American Indian/Alaskan Native
5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaskan Native & White
7. American Indian/Alaskan Native & African American/Black
8. African American/Black & White
9. Asian & White
10. Other Multi-Racial

[illegible]

## **Instructions to Complete Low and Moderate Income Breakdown**

Grantee	Name of City/County applying for the grant
LMI	Total of the 30%, 50% and 80% on the page.  Matches the number in the LMI Served on the Indirect/Direct Benefit form, also  Matches the number in the DD box on the Target Area Survey Summary

Low and Moderate Income Breakdown

Grantee

LMI

30%

50%

80%

Tennessee Department of Economic and Community Development

**INDIRECT BENEFIT FORM**

Name of Grantee \_\_\_\_\_

Activity Name	Persons that the activity will serve		Minority * Served		Female Head of Household Served		Elderly Served		Disabled Served		LMI Served	
	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars

LMI Percentage \_\_\_\_\_

An indirect benefit is an activity that will benefit the entire community. It must reflect CDBG money only.  
 \* If an entry is made in this column, the total must match the total on the Minority Benefit Breakdown form.

## MINORITY BENEFIT BREAKDOWN

1. African-American/Black
2. Hispanic
3. Asian
4. American Indian/Alaskan Native
5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaskan Native & White
7. American Indian/Alaskan Native & African American/Black
8. African American/Black & White
9. Asian & White
10. Other Multi-Racial

[illegible]



## **Instructions to Complete Low and Moderate Income Breakdown**

Grantee	Name of City/County applying for the grant
LMI	Total of the 30%, 50% and 80% on the page.  Matches the number in the LMI Served on the Indirect/Direct Benefit form, also  Matches the number in the DD box on the Target Area Survey Summary

Low and Moderate Income Breakdown

Grantee

LMI

30%



50%



80%



# 2008 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM TARGET AREA SURVEY

1. Applicant \_\_\_\_\_, Tennessee
2. Project Name \_\_\_\_\_
3. Date of Survey \_\_\_\_\_
4. Name of Resident \_\_\_\_\_
5. Address \_\_\_\_\_

(No P.O. Box #)

\_\_\_\_\_ Map # \_\_\_\_\_

(City)

(County)

Check one: ☐ House is inside city limits. ☐ House is outside city limits.

6. Residence Status (check one) ☐ Owner  
☐ Renter (Owner's Name \_\_\_\_\_)

7. Number of Persons in Household \_\_\_\_\_

8. Number of Minorities in Household \_\_\_\_\_

8a. Race

- |                                                                 |                                                                                  |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> African American/Black                 | <input type="checkbox"/> American Indian/Alaskan Native & White                  |
| <input type="checkbox"/> Hispanic                               | <input type="checkbox"/> American Indian/Alaskan Native & African American/Black |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> African American/Black & White                          |
| <input type="checkbox"/> American Indian/Alaskan Native         | <input type="checkbox"/> Asian & White                                           |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial                                      |

9. Number of Persons with a Disability \_\_\_\_\_
10. Number of Persons 62 or Older in Age in Household \_\_\_\_\_
11. Is Head of Household Female? (check one) Yes ☐ No ☐

12. Total Annual Household Income (complete A or B)

A. Intervals (check one)

- |                   |                          |                   |                          |                   |                          |
|-------------------|--------------------------|-------------------|--------------------------|-------------------|--------------------------|
| Less than \$9,150 | <input type="checkbox"/> | \$24,150-\$26,649 | <input type="checkbox"/> | \$41,650-\$44,149 | <input type="checkbox"/> |
| \$ 9,150-\$11,649 | <input type="checkbox"/> | \$26,650-\$29,149 | <input type="checkbox"/> | \$44,150-\$46,649 | <input type="checkbox"/> |
| \$11,650-\$14,149 | <input type="checkbox"/> | \$29,150-\$31,649 | <input type="checkbox"/> | \$46,650-\$49,149 | <input type="checkbox"/> |
| \$14,150-\$16,649 | <input type="checkbox"/> | \$31,650-\$34,149 | <input type="checkbox"/> | \$49,150-\$51,649 | <input type="checkbox"/> |
| \$16,650-\$19,149 | <input type="checkbox"/> | \$34,150-\$36,649 | <input type="checkbox"/> | \$51,650-\$54,149 | <input type="checkbox"/> |
| \$19,150-\$21,649 | <input type="checkbox"/> | \$36,650-\$39,149 | <input type="checkbox"/> | \$54,150-\$56,649 | <input type="checkbox"/> |
| \$21,650-\$24,149 | <input type="checkbox"/> | \$39,150-\$41,649 | <input type="checkbox"/> | \$56,650 or more  | <input type="checkbox"/> |

B. Exact Amount \$ \_\_\_\_\_

# 2008 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM TARGET AREA SURVEY

SURVEY CONTINUED ON THE BACK

## Complete for water and sewer line extensions only.

13. If water/sewer service were available at a minimum monthly bill of \$ \_\_\_\_\_ and a meter deposit of \$ \_\_\_\_\_, would you be willing to hookup to the water/sewer service?  
(check one) Yes ☐ No ☐
14. If a tap fee of \$ \_\_\_\_\_ is required, would you be willing to hookup to the water/sewer service?  
(check one) Yes ☐ No ☐

## Complete for water line extensions only.

15. What is your source of water?  
(check one) Well ☐ Spring ☐ Other ☐ N/A ☐
16. How many days per year are you without water?  
(check one) ☐ No days without water  
☐ 1 - 90  
☐ 91 - 180  
☐ 181 - 270  
☐ 271 - 360

## Instructions for Completing 2008 CDBG Target Area Survey

1. Indicate the name of the city/county applicant here. It should be on every survey.
2. The title of the project should be listed here. It should be on every survey.
3. Enter the actual date that the survey was conducted.
4. Print the full legal name of the resident(s) here. If married, put both husband and wife's first names.
5. Print the mailing address of the residence here. List the appropriate map number that corresponds with the residence's map # in space provided.
6. There must be an occupied dwelling at this address. If the project is a line extension project and the occupant is a renter, fill in the owner's name and attach another Target Area Survey for the owner.
7. Indicate the total number of people living in the house.
8. Indicate the total number of minority persons living in the house. This includes both adults and children. Also mark which race they are. (African-American, Native American, Hispanic, Asian, etc.)
9. Indicate the total number of persons with a disability.
10. Indicate the total number of people living in the house who are 62 or older.
11. Indicate if the head of household is a female.
12. Check income range the household falls within or write the exact income.
13. Enter the dollar amount of the minimum monthly bill and the amount of the meter deposit, if any. Quote these amounts to the residents and ask them if they are willing to hookup. This is **required** only for water and sewer line extension projects.
14. Enter the amount of the tap fee, and ask the residents if they would be willing to pay to hook up.
15. Indicate the current source of the residence's water.
16. If the residents are without water during the year, ask them how many days that occurs.

## INSTRUCTIONS TO COMPLETE TARGET AREA SURVEY SUMMARY FORM

### BOX

A	=	Total number of houses actually <b>surveyed</b> ( <i>i.e., a response was obtained</i> )
B	=	Total number of LMI houses
C	=	Total number of <b>persons</b> in the houses surveyed ( <i>in A</i> )
D	=	Total number of LMI
E-H	=	Number of <b>persons</b> ( <i>information obtained from surveys</i> )
AA	=	Actual field count of houses in the target area
I	=	$\frac{A}{AA}$ ( <i>For line extensions, this is 100%</i> )
J & JJ	=	$\frac{B}{A}$
K & KK	=	$\frac{D}{C}$ ( <i>Round to one decimal place</i> )
L & LL	=	$\frac{E}{C}$
M & MM	=	$\frac{F}{C}$
N & NN	=	$\frac{G}{C}$
O & OO	=	$\frac{H}{C}$
BB	=	(JJ) x (AA)
CC	=	$\frac{(C)}{(A)} \times (AA)$ ( <i>Round at end only</i> )
DD	=	(CC) x (KK)
EE	=	(CC) x (LL)
FF	=	(CC) x (MM)
GG	=	(CC) x (NN)
HH	=	(CC) x (OO)

\* For line extension projects, complete only A-O.

# TARGET AREA SURVEY

## SUMMARY

### HOUSES

	Total	Response Rate	Total LMI
No.	A		B
%		I	J

### PERSONS

Total	Total LMI	Total No. of Minorities	Total No. Female Head of Household	Total No. of Elderly	Disabled
C	D	E	F	G	H
	K	L	M	N	O

No.	AA		BB
%	100		JJ

CC	DD	EE	FF	GG	HH
	KK	LL	MM	NN	OO

REQUIRED RESPONSE RATES FOR **ALL** PROJECTS EXCEPT LINE EXTENSIONS WHICH REQUIRE 100% RESPONSE RATE

<u>NO OF HOUSES</u>			<u>2006 RESPONSE RATE</u>	<u>2007 RESPONSE RATE</u>
0	-	49	89%	89%
50	-	99	80%	80%
100	-	249	61%	73%
250	-	499	43%	55%
500	-	999	28%	34%
1000	-	2499	14%	24%
2500	-	4999	7%	13%
5000	+		4%	5%



## **MAP/SURVEY FORM INSTRUCTIONS**

These should be completed for all system-wide projects except water systems (pressure tested).

If a column is not complete either with a number or NS, it will be assumed the house was not surveyed.

1. All houses in the Target Area should be shown on the map and each house should have a number. The houses should be numbered 1, 2, 3, ...

Vacant houses should be noted as VACANT.

Commercial establishments should be noted as COMMERCIAL.

## **MAP/SURVEY FORM INSTRUCTIONS**

### **Water Systems (Pressure Tested)**

If a column is not complete either with a number or NS, it will be assumed the house was not surveyed.

1. All houses in the Target Area should be shown on the map and each house should have a number. The houses should be numbered 1, 2, 3, ...

Use the test results only for houses that completed a target area survey.

Vacant houses should be noted as VACANT.

Commercial establishments should be noted as COMMERCIAL.

**MAP/SURVEY FORM INSTRUCTIONS**  
**for**  
**Water Line Extensions**

1. All houses in the Target Area should be shown on the map and each house should have a number. The houses should be numbered 1, 2, 3, ...
2. If the homeowner indicated that they did not want water, place an **X** in this column.

**EXAMPLE**

If 13. No answer (blank)  
14. No answer (blank)

If 13. No  
14. Yes/No/Blank

If 13. No  
14. No

3. For the bacteria column, indicate whether bacteria is present (positive) or not present (negative).
4. For the mineral column, identify the mineral tested and fill in the blank with concentration of that mineral.
5. For supply, indicate the number of days without water.

Choose the most significant problem (bacteria, mineral or supply) that needs correcting.

Only one column of columns 3, 4 or 5 should be completed.

Vacant houses should be noted as VACANT.

Commercial establishments should be noted as COMMERCIAL.

**MAP/SURVEY FORM INSTRUCTIONS**  
**for**  
**Sewer Line Extensions**

1. All houses in the target area should be shown on the map and each house should have a number. The houses should be numbered 1, 2, 3, ...
2. If the homeowner indicated that they did not want service, place an **X** in this column.
3. The septic tank test results should be listed in this column.

Vacant houses should be noted as VACANT.

Commercial establishments should be noted as COMMERCIAL.

INSERT EO DIRECT BENEFIT FORM & MAP/SURVEY FORM

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## **PRELIMINARY ENGINEERING/ARCHITECTURAL REPORT**

A preliminary engineering/architectural report must be inserted in the application. If the application is for water and sewer work, the engineering report must follow the guidelines established in the design criteria for water or sewer projects as provided by the Department of Environment and Conservation. Copies of the design criteria for water projects may be obtained from the Division of Water Supply. Copies of the design criteria for sewer projects may be obtained from the Division of Water Pollution Control.

If a project is submitted for work other than water and sewer, the preliminary engineering/architectural report should conform to commonly accepted engineering standards.

The plans and specifications must be stamped by a qualified professional registrant in accordance with state law.

The construction cost budget should be in the same format as a bid schedule, be estimated to a whole dollar number and match the construction amount in the project budget.

**Engineers/Architects need to submit their preliminary report to the Application Preparer 30 days prior to the deadline. This will allow sufficient time to compare the narrative part of the application with the engineering report for a consistent application.**

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The map should be inserted here. It must be keyed to the map/survey form on the preceding page. The map should fit within the application. A **large foldout map** is acceptable and may be placed in a pocket in the application.

## INSTRUCTIONS FOR PER CAPITA INCOME CALCULATIONS

### A. Use 2008 TAS results

- Exact income obtained to calculate PCI directly  
or
- Income intervals used to calculate PCI indirectly

$$\frac{1999 \text{ PCI}^{\textcircled{2}}}{1999 \text{ MFI}^{\textcircled{3}}} = \frac{2008 \text{ PCI}}{2008 \text{ MFI}}$$

$$2008 \text{ PCI} = 2008 \text{ MFI} \times \frac{1999 \text{ PCI}}{1999 \text{ MFI}}$$

### B. Steps to Calculate MFI and PCI

	Intervals	Number in Each Interval	Cumulative
1.	Less than 8,500	20	20
2.	\$ 8,500 - 10,999	20	40
3.	\$ 11,000 - 13,499	30	70
4.	\$ 13,500 - 15,999	40	110
5.	\$ 16,000 - 18,499	30	140
6.	\$ 18,500 - 20,999	30	170
7.	\$ 21,000 - 23,499	20	190
8.	\$ 23,500 - 25,999	10	200
9.	\$ 26,000 - 28,499	0	
10.	\$ 28,500 - 30,999	0	
11.	\$ 31,000 - 33,499	0	
12.	\$ 33,500 - 35,999	0	
13.	\$ 36,000 - 38,499	0	
14.	\$ 38,500 - 40,999	0	
15.	\$ 41,000 - 43,499	0	
16.	\$ 43,500 - 45,999	0	
17.	\$ 46,000 - 48,499	0	
18.	\$ 48,500 - 50,999	0	
19.	\$ 51,000 or more	0	

1. Rank surveys lowest to highest and place results in appropriate interval.
  - 20 surveys/family in 1 interval
  - Etc.
2. Midpoint or Median = Total Surveys/2
  - $200/2 = 100$  **(Round here)**
  - In 4th interval or \$7500-9999 range
3. 100 Survey Will Equal
  - 70 surveys in intervals 1, 2, 3 PLUS
  - 30 of 40 surveys in this 4th range
4. Assume these 40 spread out evenly within this interval **(Use fraction)**
  - Then 30 survey is  $(30/40) = 3/4$  of way into this interval
5. To find this number take  $3/4$  of interval and add this to lower limit
 
$$3/4 (9999-7500) + 7500 = \$9374 \text{ (Round here)}$$
6. \$9374 represents midpoint of these 200 surveys and is 2008 MFI
7. Plug this number into equation to get 2008 PCI
 
$$2008 \text{ MFI} (1999 \text{ PCI}/1999 \text{ MFI}) = 2008 \text{ PCI (Round here)}$$

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<sup>①</sup> 1999 Data from 2000 Census  
<sup>②</sup> Per Capita Income  
<sup>③</sup> Median Family Income

Applicant/Project : \_\_\_\_\_

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## WORKSHEET FOR PER CAPITA INCOME CALCULATIONS

A. Use 2008 TAS results

- Exact income obtained to calculate PCI directly  
or
- Income intervals used to calculate PCI indirectly

$$\frac{1999 \text{ ① PCI ②}}{1999 \text{ MFI ③}} = \frac{2008 \text{ PCI}}{2008 \text{ MFI}}$$

$$2008 \text{ PCI} = 2008 \text{ MFI} \times \frac{1999 \text{ PCI}}{1999 \text{ MFI}}$$

B. Calculate MFI and PCI

Intervals		Number in Each Interval	Cumulative
1.	Less than 8,500	_____	_____
2.	\$ 8,500 - 10,999	_____	_____
3.	\$ 11,000 - 13,499	_____	_____
4.	\$ 13,500 - 15,999	_____	_____
5.	\$ 16,000 - 18,499	_____	_____
6.	\$ 18,500 - 20,999	_____	_____
7.	\$ 21,000 - 23,499	_____	_____
8.	\$ 23,500 - 25,999	_____	_____
9.	\$ 26,000 - 28,499	_____	_____
10.	\$ 28,500 - 30,999	_____	_____
11.	\$ 31,000 - 33,499	_____	_____
12.	\$ 33,500 - 35,999	_____	_____
13.	\$ 36,000 - 38,499	_____	_____
14.	\$ 38,500 - 40,999	_____	_____
15.	\$ 41,000 - 43,499	_____	_____
16.	\$ 43,500 - 45,999	_____	_____
17.	\$ 46,000 - 48,499	_____	_____
18.	\$ 48,500 - 50,999	_____	_____
19.	\$ 51,000 or more	_____	_____

Show steps 1-7 here.

- 
- ① 1999 Data from 2000 Census  
② Per Capita Income  
③ Median Family Income

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**INSERT THE FOLLOWING ITEMS HERE:**

Per Capita Income Calculations

Randomness Methodology

Give a description of how the target area surveys were conducted. Give the name of the person(s) who conducted the survey, their address and telephone number.

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THE WATER OR SEWER LINE TEST RESULTS SHOULD BE INSERTED IN AN APPENDIX.

If your project is a sewer line extension project and your community has a local ordinance requiring mandatory hook-up, please include in the appendix. Also include a letter from the chief elected official which states that the ordinance will be enforced.

Applicant/Project : \_\_\_\_\_

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## **HOUSING AND COMMUNITY DEVELOPMENT NEEDS**

Describe your community development and housing needs as identified by your local governing body. Include the needs of low and moderate income persons, minorities and disabled persons along with a brief discussion of the activities that will be undertaken to meet such needs. Specifically, reference how this application addresses those needs and the efforts accomplished on the local level to address those needs. **Explain why this project was submitted for funding rather than other projects that might have been submitted.**

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**INSERT THE FOLLOWING ITEMS HERE:**

1. Public meeting documentation. This must include the advertisement, minutes from the meeting, and the sign-in sheets.
2. LMI/minority concentration maps.

"AREA OF MINORITY CONCENTRATION" defined as any neighborhood in which the percentage of households in a particular racial or ethnic minority group is at least 20 points higher than their percentage for the jurisdiction as a whole; or a neighborhood in which the percentage of minorities is at least 20 points above the overall percentage of minorities in the jurisdiction. To illustrate, in a jurisdiction with 15 percent black and 85 percent white population, any neighborhood that is more than 35 (15 plus 20) percent black would be defined as an "area of minority concentration." In jurisdiction with 60 percent black and 40 percent white population, only neighborhoods that are more than 80 (60 plus 20) percent black would be classified as "areas of minority concentration."

In a jurisdiction that is 10 percent black, 30 percent Hispanic and 60 percent white, a neighborhood would be classified an "area of concentration" only if it was more than 30 percent black or more than 50 percent Hispanic. A neighborhood that is 20 percent black and 40 percent Hispanic would also be considered an "area of minority concentration," because the minority percentage is 20 points above the total overall percentage of minorities in the jurisdiction.

3. Title VI Compliance Information (See guidelines)
4. Growth Plan Information (See questions)

Applicant/Project : \_\_\_\_\_

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**DISPLACEMENT PLAN FORMAT (This must be completed for all applications.)**

The [jurisdiction] will replace all occupied and vacant occupiable low/moderate-income dwelling units demolished or converted to a use other than as low/moderate-income housing as a direct result of activities assisted with funds provided under the Housing and Community Development Act of 1974, as amended.

All replacement housing will be provided within three years of the commencement of the demolition or rehabilitation relating to conversion.

The following information must be submitted:

1. A description of the proposed assisted activity;
2. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be demolished or converted to a use other than as low/moderate-income dwelling units as a direct result of the assisted activity;
3. A time schedule for the commencement and completion of the demolition or conversion;
4. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be provided as replacement dwelling units;
5. The source of funding and a time schedule for the provision of replacement dwelling units; and
6. The basis for concluding that each replacement dwelling unit will remain a low/moderate-income dwelling unit for at least 10 years from the date of initial occupancy.

The [jurisdiction] will provide relocation assistance to each low/moderate-income household displaced by the demolition of housing or by the conversion of a low/moderate-income dwelling to another use as a direct result of assisted activities.

Consistent with the goals and objectives of activities assisted under the Act, the [jurisdiction] will take the following steps to minimize the displacement of persons from their homes:

1. *[To be completed by jurisdiction.]*

## **TITLE VI COMPLIANCE INFORMATION FOR CDBG APPLICATIONS**

1. List by name members of the municipal or county legislative organization (city council or county commission) submitting the CDBG application. Identify which of these individuals are of the following racial classifications:
  - a. African American, not Hispanic
  - b. Hispanics
  - c. Asian or Pacific Islanders
  - d. Native American/Alaskan
  
2. List by name members of the municipal or county planning commission who serve the local government submitting the CDBG application. Identify which of these individuals are of the following racial classifications:
  - a. African American, not Hispanic
  - b. Hispanics
  - c. Asian or Pacific Islanders
  - d. Native American/Alaskan
  
3. CDBG applicants are required to hold a public meeting prior to the submission of applications to evaluate community needs, and to explain how CDBG funds may be used to address these needs. In addition to informing the public of this meeting through the local newspaper, applicants must make an effort to secure minority participation in this process. The CDBG application must contain the following information:
  - a. A description of the process that was used to secure the participation of minorities in this meeting.
  - b. The number of individuals who participated in the public meeting and the number who are of the following racial classifications:
    1. African American, not Hispanic
    2. Hispanics
    3. Asian or Pacific Islanders
    4. Native American/Alaskan

Applicant/Project : \_\_\_\_\_

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## **JOINT ECONOMIC AND COMMUNITY DEVELOPMENT BOARD**

All state grant applications administered by the Department of Economic and Community Development must include supporting documentation that the county joint economic and community development board is legally established, is composed of the minimum required members, and that the board and its executive committee have met according to state law. A copy of the interlocal agreement and certified minutes shall be the minimum acceptable documentation. Every local government applying for a state grant administered by this department must provide records that document the meetings.

Tennessee Code Annotated, Section 6-58-114(f) state the following:

(f) The board shall meet, at a minimum, four (4) times annually and the executive committee of the board shall meet at least four (4) times annually. An executive committee meeting shall be held once each calendar quarter. Minutes of all meetings of the board and the executive committee shall be documented by minutes kept and certification of attendance. Meetings of the joint economic and community development board and its executive committee are subject to the open meetings law.

“Calendar quarter” means any one of the following time periods during a given year:

January 1 through March 31, April 1 through June 30, July 1 through September 30, or October 1 through December 31.

